

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51				
2							52				
3							53				
4							54				
5	1						55				
6							56				
7		2					57				
8							58				
9	1						59				
10		2					60				
11		2					61				
12		2					62				
13							63				
14							64				
15							65				
16							66				
17							67				
18		2					68				
19		2					69				
20			1				70				
21				1			71				
22					1		72				
23					1		73				
24						1	74				
25							75				
26							76				
27							77				
28							78				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	10		10				Total Indep				
Total Depend	15	15	7	7			Total Depend				
Total Claims	25		17				Total Claims				